

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214501390		
1.) CORPORATION NAME: DUE DATE: 2/28/2014 Saint Anselm Institute for Catholic Thought				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THOMAS M STRASSBURG 735 LOCHRIDGE LANE EARLYSVILLE, VA		SCC ID NO: 05531710 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: PO BOX 6432 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22906-6432 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: JOHN F MILLER TITLE: PRESIDENT ADDRESS: UNIVERSITY OF VIRGINIA PO BOX 400788 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
NAME: KEVIN HART TITLE: VICE PRESIDENT ADDRESS: UNIVERSITY OF VIRGINIA P.O. BOX 400126 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22904	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
NAME: THOMAS STRASSBURG TITLE: S/T ADDRESS: 735 LOCHRIDGE LANE CITY/ST/ZIP/CO: EARLYSVILLE, VA 22936	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: ROBERT F REDMOND JR TITLE: VICE COB OF DIR ADDRESS: WILLIAMS MULLEN 1021 EAST CARY STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: ROBERT WILKEN TITLE: COB ADDRESS: 1317 FOURTH STREET SW CITY/ST/ZIP/CO: WASHINGTON, DC 20024-4126	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
NAME: JOSEPH E DAVIS TITLE: DIRECTOR ADDRESS: 604 WATSON AVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW W HANTZMON DIRECTOR 1109 HILLTOP RD CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J KROUSE DIRECTOR 3269 TURBERRY CIR CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK J RUSSO III DIRECTOR 12803 CRAYSTONE CIRCLE MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE SCALIA DIRECTOR GIBSON DUNN 1050 CONNECTICUT AVE NW WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THOMAS STRASSBURG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS STRASSBURG, S/T PRINTED NAME AND CORPORATE TITLE	12/17/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			